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** CONTINUING DATA ***** This appln claims benefit of 60/456,921 03/21/2003 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/07/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY WA	SHEETS DRAWING 1	TOTAL CLAIMS 7
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
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TITLE NASAL CALCITONIN FORMULATIONS CONTAINING CHLOROBUTANOL				
FILING FEE RECEIVED 1290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	